

MCRC FROST CALL 032-03 DATED 30 SEPTEMBER 2003

From: Commanding General, Marine Corps Recruiting Command

Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003

Ref: (a) MCO P1100.72B (Short Title: MPPM EnlProc)
(b) MCO P1100.73B (Short Title: MPPM OffProc)
(b) DASD Management Initiative Decision (MID) dated 23 Jan 03

Encl: (1) OPM Agency Use Form
(2) Agency Use Form Instructions
(3) SON Numbers for Agency Use Form BLOCK "J" by MEPS/OSS
(4) Agency Use Form Template (Enlisted USC/Non-USC/PRP/Officer)

1. Purpose. To provide all levels within the MCRC, the revised policy and guidance relative to submissions of background investigations from Defense Security Services (DSS) to the Office of Personnel Management (OPM) for all enlisted and officer accessions.

2. Background. References (a) and (b) contain policy regarding the submission of investigations for enlisted and officer applicants respectively. Reference (c), as part of the president's fiscal 2004 budget, has the Defense Department transferring the business of conducting background checks to the Office of Personnel Management. This change, would give OPM responsibility for overseeing background investigations for government's civilian and military personnel. Under an agreement signed by Deputy Defense Secretary Paul Wolfowitz and OPM Director Kay Coles James, the Defense Security Service would shift about 1,800 employees to OPM to help conduct background investigations on government personnel.

3. Information.

a. The Department of the Navy (DoN) has directed the Marine Corps (HQM Code ARS), that in FY04 **all new accessions, both enlisted and officer, will have a National Agency Check/Local Check/Credit Check (NACLC) submitted prior to accession.** All processing of current work currently to DSS will terminate not later than 30 September 2003, and all investigative work then will be submitted to OPM. Additionally, those who are **U.S. Citizens be processed for NACLC/SECRET Clearances,** and **non U. S. Citizens (Aliens) for NACLC Only.** Currently OPM is not in position to accept the Electronic Questionnaires for Investigations Processing (SF-86/E-QIP) until the spring of FY04, so all SF-86 (paper copies) investigation work will be **MAILED to OPM.** Those options, which require a Top Secret/SSBI, will have a 3 X 5 hardisk of the EPSQ User Form enclosed in the SRB when shipped to the MCRD.

b. RSS and OSS personnel will use one of the following means to produce a SF-86 for processing or commissioning:

(1) Electronic Personnel Security Questionnaire (EPSQ) **USER FORM, (DC, DD, UW & E6 will use EPSQ only)** or

Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF
PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND
ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003

(2) Automated Enlistment Package (AEP) SF-86 Questionnaire for
National Security Positions, or

(3) DOD Forms Website, SF-86 Questionnaire for National
Security Positions, which is listed as a single sheet fillable ADOBE
(i.e. SF-86 page 1, 2, 3, etc) containing 11 pages, plus one page of
instructions by accomplishing following steps:

- (a) <http://web1.whs.osd.mil/icdhome/FORMTAB.HTM>
- (b) Standard and Optional Forms
- (b) Click here for GSA Standard and Optional Forms
- (c) Standard Forms
- (d) SF-86 Questionnaire for National Security Positions.

c. All SF-86 Questionnaire for National Security Positions
submitted (**MAILED**) to OPM must contain the **Release Forms**, and the OPM
Agency Use Form (AUF), contained in enclosure (1). AUF documentation
instructions are contained in enclosure (2), SON listings (Block "J")
in enclosure (3), and examples by type templates in enclosure (4).
Also, all OSS work must contain FD-258 Fingerprint Cards attached,
since these applicants fingerprint file are not transmitted to OPM by
the MEPCOM Livescan.

d. Mail address: **U.S. Office of Personnel Management**
Federal Investigations Processing Center
P.O. Box 618
Boyers, PA 16018-0618

4. Action. The following will be accomplished **effective 1 Oct 03**:

- a. Discontinue submissions of EPSQ's NACLC investigations to DSS.
- b. Enlisted Investigations (RS Level). Sequentially accomplish:

(1) Recruiters: Complete, validate, print, and provide to the
MEPS LNCO, a SF-86 in accordance with paragraph 3.b. and 3.c., with
the accompanying SF-86 Release Forms and OPM Agency Use Form. Also,
all applicants with EOP/EBP Options of DC, DD, UW, & E6 will have a
3 X 5 Hardisk with the EPSQ User Form in the enlistment package.

(2) MEPS LNCO:

(a) Review the SF-86 for accuracy, completeness, and
ensure Release Forms are signed, and Agency Use Form is annotated per
instructions in enclosure (2). Particular attentions to ensure
NACLC's are requested for all hands, and SECRET Clearances for all
applicants who are U. S. Citizens.

(b) **MAIL** investigations, once per week to OPM at the
address in paragraph 3.d. **via U.S. Mail**, for all contracted applicants
during the week. For those enlisted into EOP/EBP for DC, DD, UW or E6
enclose the 3 X 5 hardisk into the enlistment package to be forwarded
to the MCRD at time of ship.

Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF
PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND
ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003

(3) RS Personnel: Verify receipt of the NACLC investigations to OPM, using the Joint Personnel Adjudication System (JPAS). MCRC G-3 will forward instructions and implementation procedures for JPAS use via separate correspondence. When accomplished, forward the JPAS receipt to the MEPS LNCO for attachment to the SF-86. **Until JPAS access is fully implemented there is no receipt system available or required for submissions to OPM at this time. DSS receipts for EPSQ's previously submitted to DSS are still required.**

(4) MEPS LNCO:

(a) Forward to the Recruit Depots, or first duty station for PSEP Marines, a complete copy of the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, and JPAS receipt for NACLC investigation, on the left side of the recruit/Marines SRB.

(b) Forward in addition to 4.(a) above, a **3 X 5 Hardisk** of the recruits **EPSQ with Name/Password** in the SRB for all shippers whose program (**DC, DD, E6 & UW**) require a SSBI (Top Secret Clearance). This will be used by Naval Security Group (NSG) Liaisons at the Recruit Depots for submission of upgraded security clearance investigations.

c. Officer Investigations (RS level). Sequentially accomplish:

(1) OSS Staff: Complete, validate, print, and provide to the OSO, a SF-86 in accordance with paragraph 3.b. and 3.c., with the accompanying SF-86 Release Forms and OPM Agency Use Form.

(2) OSO: Review the SF-86 for accuracy, completeness, ensure Release Forms are signed, Agency Use Form annotated per instructions in enclosure (2), and attach the completed **FD-258 Fingerprint Card**.

(3) OSS Staff: **MAIL** all investigations to OPM via U.S. Mail, in accordance with instructions in paragraph 3.d., following the below timetable for submissions:

(a) PLC (Ground/Air/Flight Officer): When candidates successfully complete the Officer Candidate School Combined Course or the Senior increment.

(b) PLC Law and OCC: When qualified individuals apply for the Officer Candidate Class Program (OCC) or the Platoon Leaders Class (PLC) Lawyer Program.

(4) RS Personnel: Verify receipt of the NACLC investigations to OPM, using the Joint Personnel Adjudication System (JPAS) system. MCRC G-3 will forward instructions and implementation procedures for JPAS use via separate correspondence. Attach the JPAS receipt to the SF-86 for the insertion into the OQR. **Until JPAS access is fully implemented there is no receipt system available or required for submissions to OPM at this time. DSS receipts for EPSQ's previously submitted to DSS are still required.**

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PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND
ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003

(5) OSS Staff:

(a) PLC Ground/Air/Flight Officer: Forward a complete copy of the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, FD-258 Fingerprint Card and JPAS receipt for NACLIC investigation to OCS Candidate Admin, on the left side of the Officer Candidate Record (OQR).

(b) PLC Law and OCC: File a complete copy of the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, FD-258 Fingerprint Card and JPAS receipt for NACLIC investigation on the left side of the candidate Officer Qualification Record (OQR) prior to sending the candidate to OCS for training.

c. Region (RLS)/School of Infantry (SOI Rep). Once MCRC G-3 has forwarded the JPAS implementation instructions, verify that all recruits/Marines have a JPAS receipt ensuring SF-86/NACLIC's were submitted. **Until JPAS access is fully implemented there is no receipt system available or required for submissions to OPM at this time. DSS receipts for EPSQ's previously submitted to DSS are still required.** After JPAS implemented those recruits/Marines without receipts attached to the SF-86 upon arrival at MCRD's/SOI's, take the following sequential steps:

(1) Immediately verify receipt of NACLIC in the JPAS system.

(2) If verified, print receipt and attach to the SF-86.

(3) Those without JPAS receipts:

(a) Copy the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form.

(b) Fingerprint the recruit/Marine and attach the FD-258 Fingerprint Card to the package.

(4) **MAIL** the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, and the FD-258 Fingerprint Card to OPM in accordance with paragraph 3.d.

(5) Verify receipt in JPAS 15 days after the mailing to OPM, and attach the receipt to the SF-86 in the SRB.

5. All previous Frost Calls germane to subject matter are cancelled.

6. Points of contact are LtCol K. G. Thompson, MCRC G-3 Enlisted Operations, at commercial (703) 784-9403 and LtCol R. F. Wendel, MCRC G-3 Officer Programs, at commercial (703) 784-9424.



D. L. MCMANUS
By direction

This form is to be attached to each Electronic Personnel Security Questionnaire submitted to OPM for investigation. **Note: The EPSQ is for internal DOD use only, and is pending OMB approval.**

Agency Use Information

A Type of Investigation		B Extra Coverage		C Sensitivity Level		D Access		E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location			H Position Code		I Position Title						
J SON		K Location of Official Personnel Folder		None NPRC At SON	Other Address					Zip Code	
L SOI		M Location of Security Folder		None At SOI NPI	Other Address					Zip Code	
N OPAC-ALC Number				O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title				Signature			Telephone Number ()		Date	

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign the attached sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME

* If you have only initials in your name, use them and state (IO) * If you are a "JR.", "SR", "II", etc., enter this in the box after your middle name
* If you have no middle name, enter "NMN"

Last Name	First Name	Middle Name	Jr., II, etc.

Maiden Name Used

List your maiden name and the "To and From" dates of when it was used..

Maiden Name	Month/Year To Month/Year
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Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information below for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year #1 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School			State	Zip Code
Month/Year #2 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature:

Date:

June 1999

ENCLOSURE (1)

OPM AGENCY USE FORM INSTRUCTIONS

A TYPE OF INVESTIGATION 08B

B EXTRA COVERAGE 3 PRP ONLY (UV/UW), ALL OTHERS LEAVE BLANK

C SENSATIVITY LEVEL 2

D ACCESS 2 For U.S. Citizens or,
0 For Non U.S. Citizen Foreign National Aliens

E NATURE OF ACTION CODE LEAVE BLANK

F DATE OF ACTION LEAVE BLANK

G GEOGRAPHIC LEAVE BLANK

H POSITION CODE LEAVE BLANK

I POSITION TITLE Enter: **MARINE CORPS ENLISTED** or
MARINE CORPS OFFICER CANDIDATE

J SON MEPS CODE/OSS CODE (see enclosure 3 FC 032-03)

K OFFICIAL PERSONNEL FOLDER
Enlisted - CHECK THE BLOCK: **At SON**
Officer - Enter in "Other Address" Block:
OFFICER CANDIDATE SCHOOL
2189 ELROD AVENUE
QUANTICO VA 22134
ATTN: CSA

L SOI ENTER: **NV00**

M LOCATION OF SECURITY FOLDER CHECK THE BLOCK: **NONE**

N OPAC-ALC NUMBER ENTER: DOD-MC

O ACCOUNTING DATA AND/ FOR UV/UW ONLY ENTER: PRP MARINE CORPS
OR AGENCY CASE NUMBER SECURITY FORCES

P REQUESTING OFFICIAL ENTER: NAME & TITLE, SIGNATURE,
TELEPHONE # AND DATE

Complete the additional information on the OPM
Agency Use Form:

- Subject of Investigation (Identifying Information)
- Education Degree(s) (Not shown on the EPSQ)
- Have applicant SIGN and Date the Agency Use Form

Attach the AGENCY USE FORM to the SF-86, with SIGNED
RELEASE FORMS, and FD-258 (OSS STAFF only) and mail to:

U.S. OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
P.O. BOX 618
BOYERS, PA 16018-0618

ENCLOSURE (2)

SON'S FOR AGENCY USE FORM BLOCK "J"

SON's for OSS/OSA/OSO

ERR OSS STAFFS 657G

WRR OSS STAFFS

658G

SON'S for ENLISTED WORK (MEPS)

Albany, NY	A01M
Baltimore, MD	A02M
Boston, MA	A03M
Buffalo, NY	A04M
New York, NY	A05M
Harrisburg, PA	A06M
Fort Dix	A10M
Pittsburgh, PA	A11M
Portland, ME	A12M
Springfield, MA	A13M
Syracuse, NY	A14M
Tampa, FL	A17M
Atlanta, GA	A20M
Beckley, WV	A21M
Charlotte, NC	A22M
Miami, FL	A23M
Ft. Jackson, SC	A24M
Jacksonville, FL	A25M
Knoxville, TN	B26M
Louisville, KY	B27M
Montgomery, AL	B28M
Nashville, TN	B29M
San Juan, PR	A30M
Raleigh, NC	A31M
Richmond, VA	A32M
Albuquerque, NM	C36M
Amarillo, TX	C37M
Dallas, TX	C38M
Denver, CO	C39M
El Paso, TX	C40M
Houston, TX	C41M
Jackson, MS	B42M

Kansas City, MO	B43M
Little Rock, AR	B44M
Memphis, TN	B45M
New Orleans, LA	B46M
Oklahoma City, OK	C47M
San Antonio, TX	C48M
Shreveport, LA	B49M
Lansing, MI	B50M
Chicago, IL	B54M
Cleveland, OH	B56M
Columbus, OH	B57M
Des Moines, IA	B58M
Detroit, MI	B59M
Fargo, ND	B60M
Indianapolis, IN	B61M
Milwaukee, WI	B62M
Minneapolis, MN	B63M
Omaha, NE	B64M
Sioux Falls, SD	B65M
St. Louis, MO	B66M
San Diego, CA	C67M
Boise, ID	C70M
Butte, MT	C71M
Sacramento	C72M
Honolulu, HI	C73M
Los Angeles, CA	C74M
San Jose, CA	C75M
Phoenix, AZ	C76M
Portland, OR	C77M
Salt Lake City, UT	C78M
Seattle, WA	C79M
Spokane, WA	C80M
Anchorage, AK	C81M

ENCLOSURE (3)

AGENCY USE FORM TEMPLATE
(MARINE CORPS ENLISTED U.S. CITIZEN NON PRP PROGRAM)

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note:
The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage		C Sensitivity Level	2	D Access	2	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	MARINE CORPS ENLISTED						
J SON	See Encl 3	K Location of Official Personnel Folder		None	Other Address					Zip Code	
			NPRC								
X			At SON								
L SOI	NV00	M Location of Official Personnel Folder	X	None	Other Address					Zip Code	
				At SOI							
				NPI							
N OPAC-ALC Number	DOD-MC		O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title			Signature			Telephone Number		Date:		
	MSGT JOHN M. DOE MEPS LNCO			<i>JOHN M. DOE</i>			888-987-6543		6 OCT 03		

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME			
* If you have only initials in your name, use them and state (IO)		* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name	
* If you have no middle name, enter "NMN"			
Last Name	First Name	Middle Name	Jr., II, etc.
Maiden Name Used			
List your maiden name and the "To and From" dates of when it was used.			
Maiden Name		Month/Year	Month/Year
		To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

ENCLOSURE (4)

AGENCY USE FORM TEMPLATE
(MARINE CORPS ENLISTED U.S. CITIZEN PRP PROGRAM UV/UW)

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Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage	3	C Sensitivity Level	2	D Access	2	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	MARINE CORPS ENLISTED						
J SON	See Encl 3	K Location of Official Personnel Folder		None	Other Address					Zip Code	
			NPRC								
X			At SON								
L SOI	NV00	M Location of Official Personnel Folder	X	None	Other Address					Zip Code	
				At SOI							
				NPI							
N OPAC-ALC Number	DOD-MC		O Accounting Data and/or Agency Case Number			"PRP" Marine Security Forces					
P Requesting Official	Name and Title MSGT JOHN M. DOE MEPS LNCO			Signature <i>JOHN M. DOE</i>			Telephone Number 888-987-6543		Date: 6 OCT 03		

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Subject of Investigation (Identifying Information)

FULL NAME * If you have only initials in your name, use them and state (IO) * If you have no middle name, enter "NMN"				* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name			
Last Name		First Name		Middle Name		Jr., II, etc.	
Maiden Name Used List your maiden name and the "To and From" dates of when it was used.							
Maiden Name						Month/Year Month/Year To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

ENCLOSURE (4)

AGENCY USE FORM TEMPLATE
(MARINE CORPS ENLISTED ~~NON~~ U.S. CITIZEN)

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note:
The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage		C Sensitivity Level	2	D Access	0	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	MARINE CORPS ENLISTED						
J SON	See Encl 3	K Location of Official Personnel Folder		None	Other Address					Zip Code	
				NPRC							
			<input checked="" type="checkbox"/> At SON								
L SOI	NV00	M Location of Official Personnel Folder		<input checked="" type="checkbox"/> None	Other Address					Zip Code	
				At SOI							
				NPI							
N OPAC-ALC Number	DOD-MC		O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title MSGT JOHN M. DOE MEPS LNCO			Signature <i>JOHN M. DOE</i>			Telephone Number 888-987-6543		Date: 6 OCT 03		

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Subject of Investigation (Identifying Information)

FULL NAME * If you have only initials in your name, use them and state (IO) * If you have no middle name, enter "NMN"				* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name			
Last Name		First Name		Middle Name		Jr., II, etc.	
Maiden Name Used List your maiden name and the "To and From" dates of when it was used.							
Maiden Name						Month/Year Month/Year To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

ENCLOSURE (4)

**AGENCY USE FORM TEMPLATE
(MARINE CORPS OFFICER)**

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note:
The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage		C Sensitivity Level	2	D Access	2	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	MARINE CORPS OFFICER CANDIDATE						
J SON	See Encl 3	K Location of Official Personnel Folder		None	Other Address OFFICER CANDIDATE SCHOOL 2189 ELROD AVENUE QUANTICO VA ATTN: CSA					Zip Code 22134	
				NPRC							
				At SON							
L SOI	NV00	M Location of Official Personnel Folder		<input checked="" type="checkbox"/> None	Other Address					Zip Code	
				At SOI							
				NPI							
N OPAC-ALC Number	DOD-MC		O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title CAPT JOHN M. DOE OSO			Signature <i>JOHN M. DOE</i>			Telephone Number 888-987-6543			Date: 6 OCT 03	

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME * If you have only initials in your name, use them and state (IO) * If you have no middle name, enter "NMN"				* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name			
Last Name		First Name		Middle Name		Jr., II, etc.	
Maiden Name Used List your maiden name and the "To and From" dates of when it was used.							
Maiden Name						Month/Year	
						Month/Year	
						To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

ENCLOSURE (4)